

## **Report to Stakeholders: Year 2**

Domain 2, Strategy 3: Create Supportive Nutrition Environments in Schools

Arizona Department of Health Services  
Division of Public Health Prevention Services  
Research and Development

November 6, 2015

## TABLE OF CONTENTS

---

|   |    |
|---|----|
| INTRODUCTION .....  | 5  |
| OVERVIEW OF YEAR TWO SCHOOL HEALTH ACTIVITIES .....           | 6  |
| METHODOLOGY .....   | 6  |
| EXTERNAL STAKEHOLDERS SURVEY .....                            | 6  |
| PROCESS EVALUATION TOOL .....                                 | 6  |
| EVALUATION COMMITTEE .....                                    | 7  |
| RESULTS OF PROCESS EVALUATION .....                           | 7  |
| FEEDBACK FROM EXTERNAL STAKEHOLDERS.....                      | 7  |
| COMPLETED PROCESS EVALUATION TOOL FROM COMMITTEE MEETING..... | 11 |
| SNAPSHOT OF OUTCOME PERFORMANCE MEASURES .....                | 13 |
| SHORT-TERM.....   | 14 |
| INTERMEDIATE PERFORMANCE MEASURES .....                       | 19 |
| LONG TERM PERFORMANCE MEASURES.....                           | 21 |
| DISCUSSION AND CONCLUSIONS.....                               | 21 |
| STATUS OF PROCESS AND OUTCOMES AGAINST TARGETS.....           | 22 |
| RECOMMENDATIONS .....   | 22 |

This publication was supported by Grant number: 5U58DP004793-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

## TABLES

---

|  |    |
|--|----|
| Table 1: School nutrition environment is included as a core component of the Empower schools program .....   | 7  |
| Table 2: Adopted Standard 1: Food service guidelines and nutrition standards for all school-related food in line with USDA National School Lunch Program (NSLP) and Smart Snacks in Schools Guidelines for: .... | 8  |
| Table 3: Implemented Empower Standard 1 from Table 2 .....   | 8  |
| Table 4: Adopted Standard 2: Provide students access to healthy beverages and water before, during and after school in line with USDA NSLP and Smart Snacks in Schools guidelines for: .....                     | 8  |
| Table 5: Implemented Standard 2 from Table 4 .....   | 8  |
| Table 6: Adopted Standard 3: Offer a supportive nutrition environment for: .....   | 9  |
| Table 7: Implemented Standard 3 from Table 6 .....   | 9  |
| Table 8: In your experience working on this project, what has gone well? (verbatim) .....  | 10 |
| Table 9: In your experience working on this project, what has been a problem or barrier? (verbatim) ...  | 10 |
| Table 10: Did you seek assistance for the problems and barriers you faced? .....   | 10 |
| Table 11: What suggestions do you have to improve program implementation in future years? (verbatim) .....   | 11 |
| Table 12: For each aspect of the Empower School Guidebook, please indicate how much you would agree or disagree with each of these statements: .....   | 11 |
| Table 13: Process tool with Consensus ratings .....  | 12 |
| Table 14: Number of local education agencies that received professional development and technical assistance .....   | 14 |
| Table 15: Number of students in local education agencies where staff received professional development and technical assistance .....  | 14 |
| Table 16: Percent of local education agencies that have adopted and implemented policies that establish standards for all competitive foods available .....  | 15 |
| Table 17: Percent of schools that do not sell less healthy foods and beverages .....   | 15 |
| Table 18: Percent of local education agencies that have adopted and implemented policies that prohibit all forms of advertising and promotion of less nutritious foods and beverages .....                       | 16 |
| Table 19: Percent of schools that prohibit all forms of advertising and promotion for candy, fast food restaurants, or soft drinks .....   | 16 |
| Table 20: Percent of schools that price nutritious foods and beverages at a lower cost .....   | 17 |
| Table 21: Percent of schools that provide information to students or families .....  | 17 |
| Table 22: Percent of schools that place fruits and vegetables near the cafeteria cashier .....   | 18 |
| Table 23: Percent of schools that allow students to have access to drinking water .....  | 18 |
| Table 24: Percent of schools that offer fruits or non-fried vegetables when foods are offered at school celebrations .....   | 19 |

|  |    |
|--|----|
| Table 25: Percent of schools that allow students to purchase fruits and vegetables from vending machines or at the school store..... | 19 |
| Table 26: Percent of K-12 students who ate vegetables 3 or more times per day.....   | 20 |
| Table 27: Percent of K-12 students who ate fruit or drank 100% fruit juices two or more times per day                                | 20 |
| Table 28: Percent of K-12 students who drank a can, bottle or glass of soda at least one time per day ..                             | 21 |
| Table 29: Percent of K-12 students who are overweight or obese .....   | 21 |

## INTRODUCTION

The Arizona Department of Health Services (ADHS) was awarded a grant from the Centers for Disease Control and Prevention under *CDC FOA-RFA-DP13-1305: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors, and Promote School Health* (CDC 1305-Public Health in Action). The grant is a five year project, with Year 1 beginning on June 30, 2013, and has both basic and enhanced components.

The purpose of the grant is to support state health departments which implement targeted strategies resulting in measureable impacts addressing school health, nutrition and physical activity, obesity, diabetes, and heart disease and stroke prevention. In addition the grant supports the development of core public health activities in states including partnership engagement, workforce development, guidance and support for programmatic efforts, strategic communication, surveillance & epidemiology, and evaluation. There are twenty-one strategies under the basic and enhanced components of the grant, and ADHS is implementing all of them. Both components utilize four domains, as prescribed by the CDC: 1) Epidemiology and surveillance; 2) Environmental approaches that promote health and support and reinforce healthful behaviors; 3) Health system interventions to improve the effective delivery and use of clinical and other preventive services; and 4) Community-clinical linkages to support cardiovascular disease (CVD) and diabetes prevention and control efforts and the management of chronic diseases. Although the CDC is highly prescriptive in the strategies and interventions which will be administered within each domain; ADHS is encouraged to be innovative in the approach used to administer the intervention.

Evaluation implementation and planning are part of Domain 1. ADHS' evaluation plan for the grant has been developed according to the CDC Six Step Evaluation Framework<sup>1</sup>, taking into account a combination of frameworks and methods to provide a uniquely appropriate set of organizing principles. The plan is sensitive to all phases of policy, system and environmental change from output measures to short, intermediate, and long-term outcomes. The overarching goal of the evaluation is to understand how activities are being implemented and how successful they are in meeting their objectives to achieve policy, system and environmental change. States are required to evaluate strategies in each of four categorical programs: school health, obesity, heart disease, and diabetes.

This report evaluates the collective Year 2 efforts of Domain 2 Strategy 3, which is to create supportive nutrition environments in schools. It begins with a brief overview of school health activities and outlines the methodology used to evaluate them. Results from both process and outcome evaluations are presented, followed by a conclusions section, which discusses results, compares the status of process to outcomes measures, and offers recommendations for future years.

---

<sup>1</sup> A Framework for Program Evaluation. Centers for Disease Control and Prevention, Program Performance and Evaluation Office.  
<http://www.cdc.gov/eval/framework/>

## OVERVIEW OF YEAR TWO SCHOOL HEALTH ACTIVITIES

The categorical area of school health has strategies addressing environmental approaches to promote health and support healthy behaviors. There were three school health strategies from which ADHS could choose to focus its evaluation. ADHS selected Domain 2 Strategy 3, which is to create supportive nutrition environments in schools, and is currently in the adoption/start-up phase.

ADHS partners with other agencies to create supportive nutrition environments in schools by implementing policies and practices that establish standards for all competitive foods; prohibiting advertising of unhealthy foods; and promoting healthy foods, including those sold and served within school meal programs and other venues. The Empower Schools program was created based on the success of Arizona's Empower Model<sup>2</sup> in Early Childcare Education (ECE) settings. One of the initial activities of the Empower Schools program for the CDC-1305 grant was to select and contract with nine local education agencies (LEAs) and establish standards for the schools, including nutrition related components. During Year 1 and Year 2 of the grant, ADHS provided professional development, technical assistance, and toolkits to assist LEAs in the implementation of ten standards focused on creating supportive nutrition environments and comprehensive school physical activity programming.

## METHODOLOGY

A team approach to evaluation involving both internal and external stakeholders has assisted ADHS in understanding how activities are being implemented and how that relates to the targets set for CDC performance measures. Information was gathered from external stakeholders to get the point of view of partners who were actually implementing strategies in the field and to ensure that emergent issues were incorporated into future evaluation. The perspectives of internal stakeholders were also incorporated and discussed by a school health evaluation committee, who reviewed external stakeholder input and evaluated it in the context of overall grant goals and objectives.

### EXTERNAL STAKEHOLDERS SURVEY

The evaluation team met with ADHS school health program staff to identify external stakeholders who played a role in partnering with ADHS on the strategy specific activities. An invitation was extended via email to the external stakeholders to participate in an electronic survey using Survey Monkey that had both structured and open-ended questions, which was used to inform ratings in the process evaluation.

### PROCESS EVALUATION TOOL

In addition to the electronic survey questions, questions directed at ADHS program staff were compiled to create an overall process evaluation tool for strategy-specific activities and work plan milestones.

---

<sup>2</sup> Empower Program. Arizona Department of Health Services. <http://azdhs.gov/empower-program/index.htm>

Questions on the tool were asked in a format where responses can be numerically coded to allow the evaluation team to quantify responses into an overall process implementation score. The process evaluation tool for this strategy has 54 possible points when all components of the process are fully implemented.

### EVALUATION COMMITTEE

Each ADHS program staff member, who was selected as a member of the school health evaluation committee, was sent a progress report that contained relevant information from the external stakeholder survey input and any performance measure data that was available. The committee was asked to review the process evaluation tool and gave each component a preliminary rating from their experience, their review of the work plan progress, and the information presented in the progress report. The committee met and agreed on a consensus rating for each component, using the following rating scheme:

| Rating | Description               | Use rating when . . .   |
|--------|---------------------------|---|
| 3      | Fully implemented         | Component is accomplished in all targeted settings.   |
| 2      | Substantially implemented | Component is fully accomplished in many but not all settings, or is nearly accomplished in most settings. |
| 1      | Partially implemented     | Some or all partners have begun to implement, but have not yet made substantial progress.                 |
| 0      | Not at all implemented    | Partners have not begun to implement.   |

## RESULTS OF PROCESS EVALUATION

### FEEDBACK FROM EXTERNAL STAKEHOLDERS

A survey monkey tool was forwarded to the ADHS School Health listserv, of which there were nine respondents: two superintendents, two principals, and five school and health wellness staff members, which included a food service director and counselor. Respondents were asked to rate each of the following components (Tables 1-12) according to whether they felt the component was implemented fully, substantially, partially, or not at all.

| Table 1: School nutrition environment is included as a core component of the Empower schools program |   |
|--|---|
| Fully  | 3 |
| Substantially  | 4 |
| Partially  | 2 |
| Not at all   | 0 |
| Total  | 9 |

| <b>Table 2: Adopted Standard 1: Food service guidelines and nutrition standards for all school-related food in line with USDA National School Lunch Program (NSLP) and Smart Snacks in Schools Guidelines for:</b> |       |               |           |            |       |
|--|-------|---------------|-----------|------------|-------|
|  | Fully | Substantially | Partially | Not at all | Total |
| Healthy vending options  | 5     | 2             | 0         | 2          | 9     |
| Healthier menu planning  | 7     | 1             | 0         | 1          | 9     |
| Healthy classroom snack policies   | 4     | 3             | 1         | 1          | 9     |
| Improved out of school snack options   | 3     | 5             | 0         | 1          | 9     |
| Parent nutrition education and recommendations brought from home   | 1     | 2             | 5         | 1          | 9     |

| <b>Table 3: Implemented Empower Standard 1 from Table 2</b>      |       |               |           |            |       |
|--|-------|---------------|-----------|------------|-------|
|  | Fully | Substantially | Partially | Not at all | Total |
| Healthy vending options  | 5     | 2             | 0         | 2          | 9     |
| Healthier menu planning  | 6     | 2             | 0         | 1          | 9     |
| Healthy classroom snack policies                                 | 3     | 3             | 2         | 1          | 9     |
| Improved out of school snack options                             | 1     | 3             | 4         | 1          | 9     |
| Parent nutrition education and recommendations brought from home | 0     | 3             | 4         | 1          | 9     |

| <b>Table 4: Adopted Standard 2: Provide students access to healthy beverages and water before, during and after school in line with USDA NSLP and Smart Snacks in Schools guidelines for:</b> |       |               |           |            |       |
|---|-------|---------------|-----------|------------|-------|
|   | Fully | Substantially | Partially | Not at all | Total |
| Healthy beverage vending and free water options   | 5     | 1             | 1         | 2          | 9     |
| Healthier beverage menu planning  | 6     | 0             | 2         | 1          | 9     |
| Healthy classroom beverage policies   | 4     | 1             | 3         | 1          | 9     |
| Improved out-of-school beverage options   | 2     | 2             | 4         | 1          | 9     |
| Parent beverage education and recommendations to be brought from home   | 1     | 3             | 4         | 1          | 9     |

| <b>Table 5: Implemented Standard 2 from Table 4</b>                   |       |               |           |            |       |
|---|-------|---------------|-----------|------------|-------|
|   | Fully | Substantially | Partially | Not at all | Total |
| Healthy beverage vending and free water options                       | 5     | 1             | 1         | 2          | 9     |
| Healthier beverage menu planning                                      | 6     | 0             | 2         | 1          | 9     |
| Healthy classroom beverage policies                                   | 4     | 1             | 3         | 1          | 9     |
| Improved out-of-school beverage options                               | 1     | 3             | 4         | 1          | 9     |
| Parent beverage education and recommendations to be brought from home | 0     | 3             | 5         | 1          | 9     |



| <b>Table 6: Adopted Standard 3: Offer a supportive nutrition environment for:</b> |       |               |           |            |       |
|---|-------|---------------|-----------|------------|-------|
|   | Fully | Substantially | Partially | Not at all | Total |
| Improved school food/beverage marketing   | 3     | 4             | 1         | 1          | 9     |
| Increase National School Breakfast/Lunch Participation                            | 4     | 3             | 1         | 1          | 9     |
| Programs that support school gardens or farm to school options                    | 3     | 1             | 2         | 3          | 9     |
| Parent nutrition education and recommendations to be brought from home            | 2     | 2             | 3         | 2          | 9     |
| Parent participation in school nutrition discussions                              | 2     | 2             | 3         | 2          | 9     |
| Increase classroom discussions about healthy foods/beverages                      | 2     | 3             | 2         | 1          | 9     |

| <b>Table 7: Implemented Standard 3 from Table 6</b>                    |       |               |           |            |       |
|--|-------|---------------|-----------|------------|-------|
|  | Fully | Substantially | Partially | Not at all | Total |
| Improved school food/beverage marketing                                | 3     | 4             | 1         | 1          | 9     |
| Increase National School Breakfast/Lunch Participation                 | 3     | 4             | 1         | 1          | 9     |
| Programs that support school gardens or farm to school options         | 2     | 2             | 1         | 4          | 9     |
| Parent nutrition education and recommendations to be brought from home | 0     | 3             | 4         | 2          | 9     |
| Parent participation in school nutrition discussions                   | 0     | 3             | 4         | 2          | 9     |
| Increase classroom discussions about healthy foods/beverages           | 1     | 4             | 3         | 1          | 9     |

Respondents were also asked open-ended questions regarding strengths and barriers faced as it relates to the school health project. Responses are listed in Tables 8 and 9. Table 10 asks those that reported barriers and challenges whether or not they sought assistance and how helpful, timely, and satisfied they were with the assistance received. Table 11 lists suggestions for improvements.

| <b>Table 8: In your experience working on this project, what has gone well? (verbatim)</b>   |
|--|
| We have partnership with the University of Arizona who implements classroom lesson plans and parenting education targeting healthy eating and physical activity.                   |
| Students were starting to understand the meanings of eating healthier and starting to make healthier choices.  |
| Healthier food options for the kids. Teachers are more aware of food and drinks they are bringing to the school and making healthier choices, to be a good example for their kids. |
| Teaching students about healthier options to help them make better choices.  |
| It is making the students and staff aware of the changes made to the school district.  |
| Education  |
| We have focused on healthy food choices and the promotion of healthy foods. I believe the philosophy is in place, it will take time to fully implement these humanistic changes.   |

| <b>Table 9: In your experience working on this project, what has been a problem or barrier? (verbatim)</b>   |
|--|
| Getting more parents involved. Buy-in from all staff. More Physical activity school wide including P.E. for those students who have not elected to take P.E. |
| Not enough school funds and parent participation   |
| Some teachers who like to have their soda or coffee on their desks have had to adjust.   |
| Parent buy-in and support.   |
| Parent Boards are not wanting to change their fundraising policies.  |
| Parent buy in  |
| Some push back from parents, students and teachers on the 'freedom of choice". Not a lot of personal commitment to improve one's health.                     |

| <b>Table 10: Did you seek assistance for the problems and barriers you faced?</b> |   |
|---|---|
| Yes   | 2 |
| No  | 7 |
| <b>Overall, how helpful was assistance you received?</b>                          |   |
| Very helpful  | 1 |
| Helpful   | 1 |
| <b>Overall, how timely was the assistance you received?</b>                       |   |
| Very timely   | 1 |
| Somewhat timely   | 1 |
| <b>Overall, how satisfied were you with assistance you received?</b>              |   |
| Very satisfied  | 1 |
| Satisfied   | 1 |

| <b>Table 11: What suggestions do you have to improve program implementation in future years?<br/>(verbatim)</b> |
|---|
| Parent participation funding more ideas for a healthier school system   |
| Continue to add resources for teachers, students, and parents.  |
| Just keep providing resources to help schools/districts implement healthy choice options.                       |

An Empower guidebook was provided to all schools within the targeted LEAs. Six out of the nine respondents (67%) said they received the guidebook. Respondents were also asked to rate each of guidebook related components listed in Table 12.

| <b>Table 12: For each aspect of the Empower School Guidebook, please indicate how much you would agree or disagree with each of these statements:</b> |       |               |           |            |       |
|---|-------|---------------|-----------|------------|-------|
|   | Fully | Substantially | Partially | Not at all | Total |
| Improved school food/beverage marketing   | 3     | 4             | 1         | 1          | 9     |
| Increase National School Breakfast/Lunch Participation  | 3     | 4             | 1         | 1          | 9     |
| Programs that support school gardens or farm to school options  | 2     | 2             | 1         | 4          | 9     |
| Parent nutrition education and recommendations to be brought from home  | 0     | 3             | 4         | 2          | 9     |
| Parent participation in school nutrition discussions  | 0     | 3             | 4         | 2          | 9     |
| Increase classroom discussions about healthy foods/beverages  | 1     | 4             | 3         | 1          | 9     |

### **COMPLETED PROCESS EVALUATION TOOL FROM COMMITTEE MEETING**

All data related to the strategy, including external stakeholder feedback, was analyzed by the evaluation team and presented to the school health evaluation committee. Together, the committee reviewed the documentation and completed a process evaluation tool. The consensus of this committee resulted in the ratings shown below in Table 13. Ratings are defined as follows: “Fully” is scored as a 3, “Substantially” as a 2, “Partially” as a 1, and “Not at all” as a 0. A total score of 38 out of 54 was assigned for a percent score of 70%.

| <b>Table 13: Process tool with Consensus ratings</b>  |               |
|---|---------------|
| <b>Component</b>  | <b>Rating</b> |
| 1. Partnerships formed with targeted local education agencies (LEAs)  | 2             |
| 2. Four stakeholder sessions held   | 3             |
| 3. Empower Schools standards developed  | 3             |
| 4. Empower Schools standards developed in a timely manner   | 3             |
| 5. Empower Schools standards developed in collaboration with LEAs and other stakeholders  | 3             |
| 6. The school nutrition environment is included as a core component of the Empower Schools program  | 2             |
| 7. Schools adopted Empower Schools Standard 1: Adopt food service guidelines and nutrition standards for all school-related food in line with United States Department of Agriculture (USDA) National School Lunch Program (NSLP) and Smart Snacks in Schools guidelines for:<br>a. Healthy vending options<br>b. Healthier menu planning<br>c. Healthy classroom snack policies<br>d. Improved out of school snack options<br>e. Parent nutrition education and recommendations brought from home                | 2             |
| 8. Schools implemented Empower Schools Standard 1 for components a-e from Question 7  | 2             |
| 9. Schools adopted Empower Schools Standard 2: Provide students access to healthy beverages and water before, during and after school in line with USDA National School Breakfast and Lunch Programs and Smart Snacks in Schools guidelines for:<br>a. Healthy beverage vending and free water options<br>b. Healthier beverage menu planning<br>c. Healthy classroom beverage policies<br>d. Improved out of school beverage options<br>e. Parent beverage education and recommendations to be brought from home | 1             |
| 10. Schools implemented Standard 2 for components a-e from Question 9   | 1             |
| 11. Schools adopted Empower Schools Standard 3, Offer a supportive nutrition environment for:<br>a. Improved school food /beverage marketing<br>b. Increase National School Breakfast/Lunch participation<br>c. Programs that support school gardens or farm to school options<br>d. Parent nutrition education and recommendations to be brought from home<br>e. Parent participation in school nutrition discussion   | 1             |
| 12. Schools implemented Empower Schools Standard 3 for a-e from   | 1             |

|   |            |
|---|------------|
| question 11   |            |
| 13. Guidebook developed   | 3          |
| 14. Guidebook includes resources/strategies to implement performance measures | 3          |
| 15. Two Inter-Governmental Agreements (IGAs) developed                        | 3          |
| 16. Contracts for IGAs completed in a timely manner                           | 3          |
| 17. Webinar on Guidebook provided to LEAs                                     | 0          |
| 18. Training on Guidebook provided to LEAs                                    | 2          |
| Total Score:  | 38         |
| <b>Total Score / 54 Possible Points = Percent Score:</b>                      | <b>70%</b> |

Component 1 of Table 13 above was rated “Substantially” because ADHS provided training and technical assistance to all but one LEA. Because the school health specialist reported hosting all four stakeholder sessions, component 2 was given a rating of “Fully.” The school health specialist also noted that the information from the stakeholder sessions was incorporated into the guidebook. Components 3-5, related to the development of Empower standards, have been completed successfully and was therefore given a rating of “Fully.”

Component 6, school nutrition environment, is included as a core component of the Empower Schools program, was a product of the stakeholder sessions and incorporated into the guidebook. For this component, the committee came to a consensus of “Substantially.” The group agreed that although component 7 and its subcomponents are federally required, this does not always mean that school districts are complying so this component was rated “Substantially.” The same reasoning was used for rating component 8 as “Substantially,” which was the implementation of component 7. Components 9-12 were all given a rating of “Partially” due to the variability across subcomponents.

The school health specialist reported that the development of the guidebook was completed and it included resources and strategies to implement performance measures. Components 13 and 14 were given a rating of “Fully” by the committee. Components 15 and 16, related to IGAs and their timeliness, were rated “Fully” after the school health specialist reported that it was in place before the deadline. There was discussion about the rating of component 17 because the school health specialist informed the committee that a webinar was held but no one attended. The committee agreed to rate component 17 as “Not at all” since none of the LEAs participated in the opportunity. Component 18, training on guidebook provided to LEAs, was rated “Substantially” because one of the school districts has not yet had in-person training on the guidebook.

## SNAPSHOT OF OUTCOME PERFORMANCE MEASURES

The CDC-1305 grant requires states to report on CDC developed outcome performance measures annually. The CDC has operationalized all performance measures of the grant, which includes assisting

states with the identification of available and feasible data sources. In this section, all short-term, intermediate, and long-term performance measure results related to this strategy are presented.

## SHORT-TERM

### **m 2.3.01: Number of local education agencies that received professional development and technical assistance on strategies to create a healthy school nutrition environment**

Data Source: State developed tracking tool by school health specialist

Approach: CDC requires states to target LEAs for professional development training and technical assistance on strategies to create healthy school nutrition environments. A state sample of nine LEAs, that confirmed their participation in Empower Schools, was secured by ADHS at the end of Year 1. In Year 2, eight LEAs had received professional development and technical assistance on strategies to create healthy school nutrition environments. Table 14 shows targets and actual performance to date.

| <b>Table 14: Number of local education agencies that received professional development and technical assistance</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 9      | 9      |        | 9      |
| <b>Actual</b>   | 0        | 8      |        |        |        |

### **m 2.3.02 : Number of students in local education agencies where staff received professional development and technical assistance on strategies to create a healthy school nutrition environment**

Data Source: State developed tracking tool by school health specialist

Approach: ADE provided ADHS with the number of students within each targeted LEA, from performance measure 2.3.01, for a total of 38,346 students in 2012. In Year 2, there were 32,928 students in eight LEAs where staff received professional development and technical assistance on strategies to create a healthy school nutrition environment. Table 15 shows targets and actual performance to date.

| <b>Table 15: Number of students in local education agencies where staff received professional development and technical assistance</b> |          |        |        |        |        |
|--|----------|--------|--------|--------|--------|
|  | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>   | N/A      | 38,346 | 38,346 |        | 38,346 |
| <b>Actual</b>  | 0        | 32,928 |        |        |        |

**m 2.3.03 : Percent of local education agencies that have adopted and implemented policies that establish standards (including sodium) for all competitive foods available during the school day**

Data Source: School health evaluation plan process evaluation tool

Approach: ADHS designed a survey tool for the process evaluation of Domain 2, Strategy 3. Questions were inserted regarding the adoption and implementation of policies to establish standards for all competitive foods available during the school day, Empower Standard 1. Two of the nine LEA superintendents completed the survey. Both superintendents rated the adoption and implementation of Empower Standard 1 as “Substantially.” ADHS included all respondents that selected either “Substantially” or “Fully,” for both the adoption and implementation questions, in the numerator for this performance measure. Table 16 shows targets and actual performance to date.

| <b>Table 16: Percent of local education agencies that have adopted and implemented policies that establish standards for all competitive foods available</b> |          |        |        |        |        |
|--|----------|--------|--------|--------|--------|
|  | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>   | N/A      | 11%    | 22%    |        | 100%   |
| <b>Actual</b>  | 0        | 22%    |        |        |        |

**m 2.3.04 : Percent of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sport drinks, baked goods, salty snacks, candy)**

Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profile surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona statewide SHP data from 2012. For the 2014 SHP, ADHS had requested a data analysis of only the nine LEAs, in order to assess progress within the five year grant cycle. Year 2 actual reflects data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 17 shows targets and actual performance to date.

| <b>Table 17: Percent of schools that do not sell less healthy foods and beverages</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 57.3%  | 43.5%  |        | 50%    |
| <b>Actual</b>   | 57.3%    | 43.5%  |        |        |        |

<sup>3</sup> School Health Profiles. Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyyouth/data/profiles/index.htm>

**m 2.3.05 : Percent of local education agencies that have adopted and implemented policies that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property**

Data Source: School health evaluation plan process evaluation tool

Approach: ADHS designed a survey tool for the process evaluation of Domain 2, Strategy 3. Questions were inserted regarding the adoption and implementation of policies to establish standards for all competitive foods available during the school day, Empower Standard 1. Two of the nine LEA superintendents completed the survey. The superintendents rated the adoption and implementation of Empower Standard 1 as either “Substantially” or “Fully.” ADHS included all respondents that selected either “Substantially” or “Fully,” for both the adoption and implementation questions, in the numerator for this performance measure. Table 18 shows targets and actual performance to date.

| <b>Table 18: Percent of local education agencies that have adopted and implemented policies that prohibit all forms of advertising and promotion of less nutritious foods and beverages</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 11%    | 22%    |        | 100%   |
| <b>Actual</b>   | 0%       | 22%    |        |        |        |

**m 2.3.06 : Percent of schools that prohibit all forms of advertising and promotion for candy, fast food restaurants, or soft drinks**

Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profile surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona statewide SHP data from 2012. For the 2014 SHP, ADHS requested and received a data analysis of the nine LEAs, in order to assess progress within the five year grant cycle. Actual Year 2 measures reflect data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 19 shows targets and actual performance to date.

| <b>Table 19: Percent of schools that prohibit all forms of advertising and promotion for candy, fast food restaurants, or soft drinks</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 55.7%  | 73%    |        | 75%    |
| <b>Actual</b>   | 55.7%    | 73%    |        |        |        |

**m 2.3.07 : Percent of schools that price nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages**



Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona statewide SHP data from 2012. For the 2014 SHP, ADHS requested a data analysis of only the nine LEAs, in order to assess progress within the five year grant cycle. Actual Year 2 measures reflect data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 20 shows targets and actual performance to date.

| <b>Table 20: Percent of schools that price nutritious foods and beverages at a lower cost</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 8.8%   | 8.7%   |        | 11%    |
| <b>Actual</b>   | 8.8%     | 8.7%   |        |        |        |

**m 2.3.08 : Percent of schools that provide information to students or families on the nutrition, caloric, and sodium content of foods available**

Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona statewide SHP data from 2012. For the 2014 SHP, ADHS requested a data analysis of only the nine LEAs, in order to assess progress within the five year grant cycle. Actual Year 2 measures reflect data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 21 shows targets and actual performance to date.

| <b>Table 21: Percent of schools that provide information to students or families</b> |          |        |        |        |        |
|--|----------|--------|--------|--------|--------|
|  | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>   | N/A      | 43.9%  | 34.8%  |        | 37%    |
| <b>Actual</b>  | 43.9%    | 34.8%  |        |        |        |

**m 2.3.09 : Percent of schools that place fruits and vegetables near the cafeteria cashier, where they are easy to access**

Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona

statewide SHP data from 2012. For the 2014 SHP, ADHS requested a data analysis of only the nine LEAs, in order to assess progress within the five year grant cycle. Actual Year 2 measures reflect data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 22 shows targets and actual performance to date.

| <b>Table 22: Percent of schools that place fruits and vegetables near the cafeteria cashier</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 60.5%  | 78.3%  |        | 80%    |
| <b>Actual</b>   | 60.5%    | 78.3%  |        |        |        |

**m 2.3.10 : Percent of schools that allow students to have access to drinking water**

Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona statewide SHP data from 2012. For the 2014 SHP, ADHS had requested a data analysis of only the nine LEAs, in order to assess progress within the five year grant cycle. Actual Year 2 measures reflect data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 23 shows targets and actual performance to date.

| <b>Table 23: Percent of schools that allow students to have access to drinking water</b> |          |        |        |        |        |
|--|----------|--------|--------|--------|--------|
|  | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>   | N/A      | 93.5%  | 69.6%  |        | 75%    |
| <b>Actual</b>  | 93.5%    | 69.6%  |        |        |        |

**m 2.3.11 : Percent of schools that offer fruits or non-fried vegetables when foods or beverages are offered at school celebrations**

Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona statewide SHP data from 2012. For the 2014 SHP, ADHS had requested a data analysis of only the nine LEAs, in order to assess progress within the five year grant cycle. Actual Year 2 measures reflect data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 24 shows targets and actual performance to date.

| <b>Table 24: Percent of schools that offer fruits or non-fried vegetables when foods are offered at school celebrations</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 31%    | 19%    |        | 22%    |
| <b>Actual</b>   | 31%      | 19%    |        |        |        |

**m 2.3.12 : Percent of schools that allow students to purchase fruits and vegetables from vending machines or at the school store, canteen, snack bar, or as a la carte items**

Data Source: School Health Profiles (SHP)

Approach: SHP is a system of surveys assessing school health policies and practices in states.<sup>3</sup> Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Baseline and Year 2 targets were set using the Arizona statewide SHP data from 2012. For the 2014 SHP, ADHS had requested a data analysis of only the nine LEAs, in order to assess progress within the five year grant cycle. Actual Year 2 measures reflect data from the 2014 survey results of the targeted schools. Therefore, Year 3 and Year 5 targets were adjusted based on Year 2 results. Table 25 shows targets and actual performance to date.

| <b>Table 25: Percent of schools that allow students to purchase fruits and vegetables from vending machines or at the school store</b> |          |        |        |        |        |
|--|----------|--------|--------|--------|--------|
|  | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>   | N/A      | 6.9%   | 30.4%  |        | 32%    |
| <b>Actual</b>  | 6.9%     | 30.4%  |        |        |        |

## INTERMEDIATE PERFORMANCE MEASURES

**m 2.3.13 : Percent of K-12 students who ate vegetables 3 or more times per day (in the local education agencies targeted by FOA funding)**

Data Source: Youth Risk Behavior Survey (YRBS)

Approach: The YRBS monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. The YRBS is a representative sample of 9<sup>th</sup> through 12<sup>th</sup> grade students and is conducted every two years.<sup>4</sup> A baseline was set using the 2013 YRBS, and Year 2 targets were set based on this data. The Year 2 actual results remained the same as the baselines because the YRBS is not conducted in 2014. Results of the 2015 YRBS will be made available next year in order to report on Year 3. Table 26 shows targets and actual performance to date.

<sup>4</sup> Youth Risk Behavior Surveillance System (YRBS). Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

| Table 26: Percent of K-12 students who ate vegetables 3 or more times per day |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 9%     | 9%     |        | 11%    |
| <b>Actual</b>   | 9%       | 9%     |        |        |        |

**m 2.3.14: Percent of K-12 students who ate fruit or drank 100% fruit juices two or more times per day (in the local education agencies targeted by FOA funding)**

Data Source: Youth Risk Behavior Survey (YRBS)

Approach: The YRBS monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States.<sup>4</sup> The YRBS is a representative sample of 9<sup>th</sup> through 12<sup>th</sup> grade students and is conducted every two years. A baseline was set using the 2013 YRBS. Year 2 targets were set based on this data. The Year 2 actual results remained the same as the baselines because the YRBS is not conducted in 2014. Results of the 2015 YRBS will be made available next year in order to report on Year 3. Table 27 shows targets and actual performance to date.

| Table 27: Percent of K-12 students who ate fruit or drank 100% fruit juices two or more times per day |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 20.8%  | 20.8%  |        | 22.8%  |
| <b>Actual</b>   | 20.8%    | 20.8%  |        |        |        |

**m 2.3.15: Percent of K-12 students who drank a can, bottle or glass of soda or pop at least one time per day (in the local education agencies targeted by FOA funding)**

Data Source: Youth Risk Behavior Survey (YRBS)

Approach: The YRBS monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States.<sup>4</sup> The YRBS is a representative sample of 9<sup>th</sup> through 12<sup>th</sup> grade students and is conducted every two years. A baseline was set using the 2013 YRBS. Year 2 targets were set based on this data. The Year 2 actual results remained the same as the baselines because the YRBS is not conducted in 2014. Results of the 2015 YRBS will be made available next year in order to report on Year 3. Table 28 shows targets and actual performance to date.

| <b>Table 28: Percent of K-12 students who drank a can, bottle or glass of soda at least one time per day</b> |          |        |        |        |        |
|--|----------|--------|--------|--------|--------|
|  | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>   | N/A      | 19.6%  | 19.6%  |        | 18%    |
| <b>Actual</b>  | 19.6%    | 19.6%  |        |        |        |

## LONG TERM PERFORMANCE MEASURES

**m 2.3.16:** Percent of K-12 students who are overweight or obese (in the local education agencies targeted by FOA funding)

Data Source: Youth Risk Behavior Survey (YRBS)

Approach: The YRBS monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States.<sup>4</sup> The YRBS is a representative sample of 9<sup>th</sup> through 12<sup>th</sup> grade students and is conducted every two years. A baseline was set using the 2013 YRBS. Year 2 targets were set based on this data. The Year 2 actual results remained the same as the baselines because the YRBS is not conducted in 2014. Results of the 2015 YRBS will be made available next year in order to report on Year 3. Table 29 shows targets and actual performance to date.

| <b>Table 29: Percent of K-12 students who are overweight or obese</b> |          |        |        |        |        |
|---|----------|--------|--------|--------|--------|
|   | Baseline | Year 2 | Year 3 | Year 4 | Year 5 |
| <b>Targets</b>  | N/A      | 24.8%  | 23.4%  |        | 23%    |
| <b>Actual</b>   | 24.8%    | 23.4%  |        |        |        |

## DISCUSSION AND CONCLUSIONS

Overall, the Empower Schools program, as well as the guidebook, is a great informational resource for schools. External stakeholders from the targeted LEAs reported that having the Empower program within their schools promoted awareness of nutrition and healthy options, in order to help both students and staff make healthier choices. The most common barrier found among those that completed the survey was parent participation. Respondents noted the difficulty of getting buy-in from the parents as well as staff at their schools to create a supportive nutrition environment.

The process evaluation tool was completed at the committee meeting and a percent score of 70 was assigned based on the information provided in advance and the subsequent discussion among committee members. Most of the components were rated either “Substantially” or “Fully.” The components related to the Empower Schools Standards were discussed at length among the school health evaluation committee. Members found it challenging to give those components a rating due to

the distinctly different subcomponents within each. Committee members had difficulty rating hosting and scheduling, because although the webinar was held by ADHS, no one actually attended, ADHS program staff believed this had to do with the scheduling and timing of the webinar. Friday mornings may not be an ideal time to speak with school staff.

The hiring of the school health specialist position at ADHS facilitated the formation of new relationships with Arizona Department of Education (ADE) and the University of Arizona. Roles were redefined and a communication system between the three partners was established. Because ADE receives funding from the United States Department of Agriculture (USDA) collaborations were enhanced across funding streams with the same end goal, to create supportive nutrition environments.

## **STATUS OF PROCESS AND OUTCOMES AGAINST TARGETS**

Arizona's performance in the short-term, related to training and technical assistance, is on track. At this time, the ninth LEA is not interested in participating in the training provided to all LEAs. ADHS plans to look for other opportunities to provide the final LEA with professional development opportunities. Performance measures from the SHP appear to have fallen short of targets; however, baselines and subsequent targets for those measures were set using statewide data from 2012. In 2014, SHP specific to the nine targeted LEAs was received, which allowed adjusting targets to reflect more realistic goals. Therefore, actual performance varies across performance measures, between over performing and underperforming due to these differences in the two years of data. Although it is early to be assessing intermediate and long-term change, Year 2 targets were met because they are based on baseline data from 2013. Data will not be available until 2016 to assess Year 3 targets.

## **RECOMMENDATIONS**

The evaluation team will be editing the process survey tool based on feedback from stakeholders. As recommended by the committee, the subcomponents of the Empower Schools Standard questions will be separated into individual components, in order for committee members to be able to assign each a rating. Additionally, in order to precisely count the number of LEAs for performance measurement purposes, the Year 3 iteration of the survey instrument will ask respondents for their school district. These changes will allow for more detailed reporting.

In the remaining years of the grant, it is recommended that ADHS provide resources to the LEAs and its administration on how to engage parents. This could include success stories from other schools so that they may share their experiences. It is also recommended that ADHS offer training and professional development opportunities to the ninth and final LEA, which they had declined in Year 1, even though it is a requirement for participation.